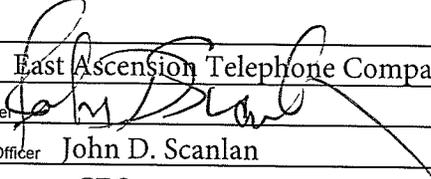


TO BE COMPLETED BY THE REPORTING CARRIER,

**Certification of Officer as to the Accuracy of the CAF ICC Data Reported**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the actual data reported; and, to the best of my knowledge, the information reported on this form is accurate.

Name of Reporting Carrier				East Ascension Telephone Company	
Signature of Authorized Officer					
Printed name of Authorized Officer			John D. Scanlan		
Date			12/19/16		
Title or position of Authorized Officer				CEO	
Telephone number of Authorized Officer: ( 225 ) 621-4498 , ext.					
Study Area Code of Reporting Carrier		270429		Filing Due Date for this form (mm/dd/yyyy)	
				12/19/2016	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Not Seeking Duplicative Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, this reporting carrier is not seeking duplicative recovery in the state jurisdiction for any Eligible Recovery subject to the recovery mechanism as per 51.917(d)(vii).

Name of Reporting Carrier East Ascension Telephone Company

Signature of authorized officer

*John D. Scanlan*

Date

12/7/16

Printed name of authorized officer

John D. Scanlan

Title or position of authorized officer

CEO

Telephone number of authorized officer: (225) 621-4498, ext.

Study Area Code of Reporting Carrier

270429

Filing Due Date for this form  
(mm/dd/yyyy)

12/19/16

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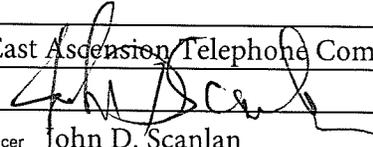
TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier East Ascension Telephone Company

Signature of authorized officer



Date

12/7/16

Printed name of authorized officer

John D. Scanlan

Title or position of authorized officer

CEO

Telephone number of authorized officer: (225) 621-4498 , ext.

Study Area Code of Reporting Carrier

270429

Filing Due Date for this form  
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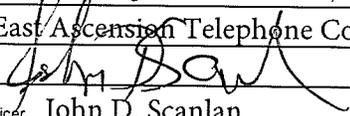
TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING DATA ON THE CARRIER'S BEHALF:

**Certification of Officer to Authorize an Agent to File Data Reported on Behalf of Reporting Carrier**

I certify that (Name of Agent) National Exchange Carrier Association, Inc. (NECA) is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent National Exchange Carrier Association, Inc. (NECA)

Name of Reporting Carrier East Ascension Telephone Company

Signature of Authorized Officer  Date 12/7/16

Printed name of Authorized Officer John D. Scanlan

Title or position of Authorized Officer CEO

Telephone number of Authorized Officer: ( 225 ) 621-4498 , ext. \_\_\_\_\_

Study Area Code of Reporting Carrier	<u>270429</u>	Filing Due Date for this form (mm/dd/yyyy)	<u>12/19/2016</u>
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.